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David A. Guerra

Customer No.: 29,689; Registration No.: 46,443

317 - 649 Marsh Road N.E.

Calgary, Alberta, Canada T2E 5B4

Phone (403) 710-6209 Fax (403) 276-1597

FACSIMILE COVER SHEET

TO:	FROM:
Commissioner for Patents	David A. Guerra
GROUP ART UNIT:	DATE:
1761	01/09/2006
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	16
SERIAL NUMBER:	APPLICANT:
10/686,405	Robert F. Biolchini
TITLE:	FILING DATE:
STIRRING COFFEE PRESS	10/15/2003
RE:	ATTORNEY DOCKET NUMBER:
Amendment/Reply After Final Office Action	20032055

☐ URGENT☒ FOR REVIEW☐ PLEASE COMMENT☐ PLEASE REPLY

Honorable Sir:

In response to the Final Office Action mailed on 09/14/2005, the following amendments and remarks are respectfully submitted in connection with the above identified application.

Sincerely,



David Guerra
Reg. Patent Agent, 46,443
jibset@verizon.net

David A. Guerra
317 - 649 Marsh Road N.E.
Calgary, Alberta, Canada T2E 5B4

JAN 09 2005

PTQ/SB/97 (09-04)

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Application Number	10/686,405
Filing Date	10/15/2003
First Named Inventor	Robert F. Biolchini
Art Unit	1761
Examiner Name	Reginald L. Alexander
Attorney Docket Number	20032055

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Credit Card Payment Form
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
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Printed name	David A. Guerra		
Date	01/09/2006	Reg. No.	46,443

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